

This patient group direction (PGD) must only be used by registered health professionals who have been named and authorised by their organisation to practice under it. The most recent and in date final signed version of the PGD should be used.

Patient Group Direction (PGD)

For the administration or supply of

Doxycycline 100mg capsules

By registered health care professionals for

Uncomplicated Chlamydia trachomatis

Throughout the Manx Care and those contracted by the Manx Care where appropriate within practice

PGD NUMBER 23

1. Change history

| Version number | Change details | Date |
|-------------------|--------------------------|--------------|
| 1 | Original PGD ratified | June 2021 |
| 2 | Minor wording amendments | January 2022 |
| | | |

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2. Medicines practice guideline 2: Patient group directions

Refer to the relevant sections of NICE medicines practice guideline 2: *Patient group directions* as stated in the blank template notes. For further information about PGD signatories, see the NHS and Manx Care <u>PGD</u> website FAQs

3. PGD development

Refer to the <u>NICE PGD competency framework for people developing PGDs</u>

| Job Title & organisation | Name | Signature | Date |
|---------------------------------|------|-----------|------|
| Author of the PGD | | | |
| Member of the PGD working group | | | |

4. PGD authorisation

Refer to the <u>NICE PGD competency framework for people authorising PGDs</u>

| Job Title | Name | Signature | Date |
|--|------|-----------|------|
| Medical Director | | | |
| Chief Pharmacist/ Pharmaceutical Adviser | | | |
| Senior Paramedic | | | |
| Director of Nursing | | | |
| GP Adviser | | | |
| Senior Microbiologist (if PGD contains antimicrobials) | | | |

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5. PGD adoption by the provider

Refer to the <u>NICE PGD competency framework for people authorising PGDs</u>

| Job title and organisation | Signature | Date | Applicable or not applicable to area |
|----------------------------|-----------|------|--------------------------------------|
| | | | |

6. Training and competency of registered healthcare professionals, employed or contracted by the Manx Care, GP practice or Hospice

Refer to the <u>NICE PGD competency framework for health professionals using PGDs</u>

| | Requirements of registered Healthcare professionals working | |
|---------------------------|---|--|
| | under the PGD | |
| Qualifications and | Registered healthcare professionals, working within or | |
| professional registration | contracted by the Manx Care, GP practice or Hospice who are | |
| | permitted staff groups outlined within the current PGD policy | |
| | Pharmacists must be practising in Manx Care authorised | |
| | premises i.e. contracted pharmacy premises | |
| Initial training | Knowledge of current guidelines and the administration of the | |
| | drug specified in this PGD/BNF and of the inclusion and | |
| | exclusion criteria | |
| | Training which enables the practitioner to make a clinical | |
| | assessment to establish the need for the medication covered by | |
| | this PGD | |
| | Local training in the use of PGDs | |
| Competency | Staff will be assessed on their knowledge of drugs and clinical | |
| assessment | assessment as part the competency framework for registered health | |
| | professionals using PGDs | |
| Ongoing training and | The registered health care professionals should make sure they are | |
| competency | aware of any changes to the recommendations for this medication; | |
| | it is the responsibility of the registered health care professionals to | |
| | keep up to date with continuing professional development. PGD | |
| | updates will be held every two years | |

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7. Clinical Conditions

| Clinical condition or | Patient either known or suspected of having uncomplicated |
|---------------------------|--|
| situation to which this | Chlamydia trachomatis |
| PGD applies | |
| Inclusion criteria | Laboratory confirmed positive or suspected Chlamydia |
| | trachomatis diagnosis |
| | Male or female patient who is a sexual contact of any patient in |
| | the above group as epidemiological treatment |
| | All must have no contraindications in their medical history to the |
| | type of antibiotic to be supplied |
| Exclusion criteria | Allergy to Doxycycline |
| | Under 16 years of age and not assessed as competent using |
| | Hepatic and renal impairment |
| | Patients who are immunocompromised |
| | Any female who is pregnant or may be at risk of pregnancy or is |
| | breastfeeding (Please refer to Erythromycin PGD for alternative |
| | treatment). Deposition of tetracyclines in growing bone and |
| | teeth (by binding to calcium) causes staining and occasionally |
| | dental hypoplasia, and they should Not be given to children |
| | under 12, or to pregnant or breastfeeding women |
| Cautions (including any | Tetracyclines may increase muscle weakness in patients with |
| relevant action to be | myasthenia gravis and exacerbate systemic lupus |
| taken) | erythematosus. Antacids and aluminium, calcium, iron, |
| takeny | magnesium and zinc salts decrease the absorption of |
| | tetracyclines |
| | Swallow capsules whole with plenty of water |
| | Emphasise importance and need for patient's sexual partner(s) |
| | to be treated |
| | No sexual intercourse for one week. The patient must report any |
| | diarrhoea or vomiting within 2 hours of taking the medication as |
| | an alternative medication may be required |
| | Advise no sexual intercourse with an untreated partner (even |
| | with a condom) |
| | Advise about risk of candidiasis in patient's taking antibiotics |
| | If patient is under 16 years of age the healthcare professional |
| | must assess the competence of the patient using the Fraser |
| | Guidelines and this must be recorded in the case notes. Refer to |
| | doctor or senior nurse if unsure of level of competency |
| | Avoid direct sunlight whilst taking doxycycline |
| Arrangements for referral | Patient should be referred to a more experienced clinical |
| for medical advice | practitioner for further assessment |
| | For individuals <16 years of age, follow local safeguarding policy |
| Action to be taken if | Patient should be referred to a more experienced clinical |
| patient excluded | practitioner for further assessment |
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| Action to be taken if patient declines treatment | • | A verbal explanation should be given to the patient on: the need for the medication and any possible effects or potential risks which may occur as a result of refusing treatment This information must be documented in the patients' health records Any patient who declines care must have demonstrated capacity |
|--|---|---|
| | • | to do so Where appropriate care should be escalated |

8. Details of the medicine

| Name, form and strength | Doxycycline capsules 100mg | |
|----------------------------|--|--|
| of medicine | | |
| Legal category | Prescription Only Medicine (POM) | |
| Indicate any off-label use | None | |
| (if relevant) | | |
| Route/method of | Oral | |
| administration | | |
| Dose and frequency | 100mg TWICE Daily for 7 days | |
| Quantity to be | Supplied: 1 original pack | |
| administered and/or | Administered: 1 dose | |
| supplied | | |
| Maximum or minimum | Seven days | |
| treatment period | | |
| Storage | Store at Room Temperature | |
| Adverse effects | Angioedema | |
| | Diarrhoea | |
| | Headache | |
| | Henoch-Schönlein purpura | |
| | Hypersensitivity | |
| | Nausea | |
| | Pericarditis | |
| | Photosensitivity reaction | |
| | Skin reactions | |
| | Systemic lupus erythematosus exacerbated | |
| | Vomiting | |
| | Myasthenia gravis (muscle weakness may be increased); | |
| | systemic lupus erythematosus (may be exacerbated) | |
| Records to be kept | The administration of any medication given under a PGD must be | |
| | recorded within the patient's medical records | |

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9. Patient information

| Verbal/Written | Verbal information must be given to patients and or carers for all |
|----------------------------|--|
| information to be given to | medication being administered under a PGD |
| patient or carer | Where medication is being supplied under a PGD, written |
| | patient information leaflet must also be supplied |
| | A patient information leaflet is available on request |
| Follow-up advice to be | If symptoms do not improve or worsen or you become unwell, seek |
| given to patient or carer | medical advice immediately |

10. Appendix A

References

- 1. British National Formulary (BNF) available online: https://bnf.nice.org.uk
- 2. Nursing and Midwifery "The code" available online: https://www.nmc.org.uk
- 3. Current Health Care Professions Council standards of practice
- 4. General Pharmaceutical Council standards
- 5. The General Optical Council
- 6. Electronic medicines compendium available online: https://www.medicines.org.uk
- 7. Nobles' Hospital Antimicrobial formulary
- 8. BASHH guidelines

11. Appendix B

Health professionals agreed to practice

- Each registered healthcare professional will hold their own Competency framework which will be signed and agreed by their mentor
- A mentor is defined within the Manx Care policy as any ward/area managers, sisters, senior nurses, GPs, pharmacists or senior paramedics who has completed the PGD training themselves

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